

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator <b>Conoco Inc.</b>	
Address <b>P.O. Box 460 Hobbs, NM 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SEMU Tubb A</b>	Well No. <b>113</b>	Pool Name, including Formation <b>Warren Tubb</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>LC-0316700</b>
Location				
Unit Letter <b>E</b>	<b>1650</b>	Feet From The <b>N</b>	Line and <b>990</b>	Feet From The <b>W</b>
Line of Section <b>20</b>	T. or Township <b>20-S</b>	Range <b>38-E</b>	, NMPM, <b>Lea</b> County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2587, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589, Tulsa, OK 74102</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>20</b>
	Twp. <b>20</b>	Rge. <b>38</b>
	Is gas actually connected? <b>Yes</b> When <b>6-25-81</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>3-13-81</b>	Date Compl. Ready to Prod. <b>6-12-81</b>		Total Depth <b>6700'</b>		P.B.T.D. <b>6660'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>GL 3549'</b>	Name of Producing Formation <b>Tubb</b>		Top Oil/Gas Pay <b>6363'</b>		Tubing Depth <b>6630'</b>			
Perforations <b>6486' - 6644'</b>					Depth Casing Shoes <b>6700'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>1368</b>		<b>950</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>6700'</b>		<b>2389</b>			
	<b>2-3/8"</b>		<b>6630'</b>					

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>5-26-81</b>	Date of Test <b>5-29-81</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24.0</b>	Tubing Pressure <b>45</b>	Casing Pressure <b>NA</b>	Choke Size <b>Open</b>
Actual Prod. During Test <b>54</b>	Oil - Bbls. <b>49</b>	Water - Bbls. <b>5</b>	Gas - MCF <b>TSTM</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Jane A. Neri*  
(Signature)  
**Administrative Supervisor**  
(Title)

**August 8, 1981**  
(Date)

NMOC 2-5  
USGS-2

NMFA-4  
File-1

OIL CONSERVATION DIVISION

APPROVED **AUG 15 1981**, 19  
BY **Jerry Horton**  
TITLE **Dist. L. Supv.**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

WELL NAME AND NUMBER: SEMU BLINEBRY/TUBB A No. 113

LOCATION 1650' FNL & 990' FWL, Sec. 20, T20S, R38E, Lea County, New Mexico  
(UNIT, SECTION, TOWNSHIP AND RANGE)

OPERATOR Conoco Inc.

CONTRACTOR X-Pert Drilling Corporation

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TESTS AND OBTAINED THE FOLLOWING RESULTS:

DEGREES @ DEPTH

1/4	200
1/4	400
1/4	600
1/4	800
1/4	1000
3/4	1200
1	1368
1 1/4	1570
1	1770
1 1/4	1970
1	2170
3/4	2370

DEGREES & DEPTH

1	2570
1	2770
3/4	2970
1/2	3170
1/4	3670
1/2	4670
3/4	5170
3/4	5500
3/4	5940
1/2	6410

DEGREES & DEPTH


BY:

X-PERT DRILLING CORPORATION

*D. Balfo*

(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 8th DAY OF April, 19 81.

*Joanne Anderson*

NOTARY PUBLIC

Lea

COUNTY, New Mexico

MY COMMISSION EXPIRES: February 25, 1984